CSD 1153 [03/01/15] Name, Address, Telephone No	. & I D. No			
name, naaress, rerephone no	. u 1.2. No.			
SOUTHERN	TES BANKRUPTCY COURT DISTRICT OF CALIFORNIA Diego, California 92101-69		1	
In Re				
			BANKRUPTCY N	NO.
Tax I.D. (EIN)#:	/S.S.#:XXX-XX	_ Debtor.		
			-	
	EARING AND MOTION FOR R 11 COMBINED PLAN OF			
TO ALL CREDITORS AND C	OTHER PARTIES IN INTERE	EST:		
YOUAREHEREBY	NOTIFIED that on		, at	, in Department
Room , of the Jacob	·		<u> </u>	 25 West "F" Street, San Diego
	-			nditional Approval of the Individua
Chapter 11 Combined Plan	n of Reorganization and D	isclosure State	ement. The D	Debtor moves the court to grant
conditional approval of the	disclosures made in the end	closed docume	ent so that it m	nay be sent to creditors for voting
on or objection to Plan conf	irmation. Final approval of tl	he Disclosure S	Statement will	be considered at the confirmation
hearing on Debtor's Plan of F	Reorganization. Notice of the	e confirmation	hearing will be	e sent at a later date.
Any opposition or oth	er response to this Motion s	hould be serve	ed upon the un	dersigned and the original of such
papers with proof of service	must be filed with the Clerk	of the U.S. Ba	nkruptcy Cour	rt at 325 West "F" St., San Diego,
California 92101-6991, NOT	LATER THAN FOURTEEN	DAYS FROM	THE DATE O	F SERVICE. ¹ ALTERNATIVELY,
ANY PARTY MAY ATTEND	THE HEARING AND PRES	ENT THE COL	JRT WITH ITS	ORAL COMMENTS IN LIEU OF
FILING WRITTEN COMMEN	ITS BY THE DEADLINE GIV	EN.		
No party waives any	right to object to the Plan or	the Disclosure	e Statement o	r to vote based on its response or
lack of response to this Motion	on.			

[Attorney for] Moving Party

DATED:

¹ If you were served electronically or by mail, you have three (3) additional days to act as specified above pursuant to Fed. R. Bankr. P. 9006(f).

CERTIFICATE OF SERVICE

	I, the undersigned whose address appears below, certify:				
	That I am, and at all relevant times was, more than 18 years of age;				
Disclos	That on day of for Review and Conditional Approval of Individua sure Statement along with the Individual Chapter 11 Co be here mode of service]:	, I served a true copy of this Notice of Hearing and al Chapter 11 Combined Plan of Reorganization and mbined Plan of Reorganization and Disclosure Statement			
on the f	following persons [set forth name and address of each	person served] and/or as checked below:			
	OFFICE OF THE UNITED STATES TRUSTEE 402 West Broadway, Ste. 600 San Diego, CA 92101				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION ATTN: Bankruptcy Counsel 444 South Flower Street, Suite 900 Los Angeles, CA 90071-9591				
	and all secured creditors and parties requesting speci	al notice, specifically:			
		was and sowers			
	I certify under penalty of perjury that the foregoing is true and correct.				
	Executed on				
	(Date)	(Typed Name and Signature)			
		(Address)			
		(City, State, ZIP Code)			